

TIRUMALA TIRUPATI DEVASTHANAMS : TIRUPATI



**APPLICATION FOR THE POST OF CIVIL ASSISTANT SURGEONS ON CONTRACT BASIS
FOR THE PERIOD OF ONE YEAR ON TTD MEDICAL DEPARTMENT**

Application No.
(office use only)

Latest Passport
size Photo Attested
by Gazetted Officer

| | | | | | | | | | | | | |
|----------------|---|---------------------------------------|---|---|---|----------------------------------|---|-----------------|---|---|---|---|
| 1 | Name of the Applicant (in Capital Letters) | Sur Name | | | | Name | | | | | | |
| | | | | | | | | | | | | |
| 2 | Father's Name / Husband Name | | | | | | | | | | | |
| 3 | Sex | Male | | | | Female | | Trans Gender | | | | |
| 4 | Date of Birth (DD-MM-YYYY) | D | D | M | M | Y | Y | Y | Y | | | |
| | | | | | | | | | | | | |
| 5 | Age as on 01-04-2019 | D | D | M | M | Y | Y | Y | Y | | | |
| | | | | | | | | | | | | |
| 6 | Religion | | | | | | | | | | | |
| 7 | Social Status | ST/SC/BC/OC | | | | If BCCategory Specify Group : | | A | B | C | D | E |
| 8 | Whether claiming relaxation of Age if any(Specify the category) | | | | | | | | | | | |
| 9 | Whether belongs to Physically handicapped(Certificate issued by Medical Board only are accepted. Other certificates rejected summarily) | | | | | | | | | | | |
| 10 | Details of School Education (Certificates must be enclosed) | | | | | | | | | | | |
| Sl.N o. | Class | Name of the School & Place | | | | Year of Passing | | District | | | | |
| 1 | IV | | | | | | | | | | | |
| 2 | V | | | | | | | | | | | |
| 3 | VI | | | | | | | | | | | |
| 4 | VII | | | | | | | | | | | |
| 5 | VIII | | | | | | | | | | | |
| 6 | IX | | | | | | | | | | | |
| 7 | X | | | | | | | | | | | |

12. Details of Educational Qualification: (Attested copies to be enclosed)

| Type of qualification. | Please specify qualifying examination | Month and Year of Passing | Max. Marks (MBBS (Final part-I & Part – II | Marks obtained (MBBS (Final part-I & Part –II) | Percentage of Marks (MBBS (Final part-I & Part – II) | Number of completed years after completion of MBBS as on the date of Notification i.e. 01-04-2019 |
|------------------------|---------------------------------------|---------------------------|---|---|---|---|
| Academic | MBBS (Final part-I & Part –II only) | | | | | |

13. Registration details:

| | | | |
|----|--------------------------------------|--|--|
| a. | Internship Period | | |
| b. | A.P. Medical Council Regd. No & Date | | |

14 Address for communication along with PIN Code : (in capital letters)

Name of the Candidate :

Fathers / Husband Name :

House No :

Street :

Village / Town / City/ Mandal :

District PIN Code :

State :

Mobile No. :

E-mail ID if any :

**Signature of the Candidate
(fullname in capital letters)**

DECLARATION BY THE APPLICANT

I, Dr. _____ S/o, D/o, W/o, _____ certify that the particulars given above are correct and true to the best of my knowledge and belief. I also agree that in the event of any of the particulars furnished in my application being found to be incorrect or false at a later date, my appointment will be cancelled summarily and I will be liable for punishments if any as per rules and law.

I, Dr. _____ S/o, D/o, W/o, _____ will abide by the rules under which I may be appointed and contract service in any part of TTD Medical Institutions if selected. I will join in the place where I am posted as per the requirement of the department within the stipulated time specified by the authorities failing which I forfeit my rights to be appointed in this recruitment.

Station :

Date :

SIGNATURE OF THE APPLICANT

CHECK LIST

Name of theCandidate : _____

DateofBirth : _____

Enclosures of Xerox documents along with Application Please put () mark:

| | | | |
|---|--|-----|----|
| 1 | SSC Certificate | Yes | No |
| 2 | Latest Caste Certificate | Yes | No |
| 3 | Study/ Bonafide Certificate (Class IV to Class X) | Yes | No |
| 4 | MBBS Marks list (of all years) | Yes | No |
| 5 | APMedical Council Registration Certificate | Yes | No |
| 6 | Internship completion certificate | Yes | No |
| 7 | Latest Physically handicapped certificate(shouldbe issuedby medical board(other certificates summarily rejected) | Yes | No |
| 8 | Residence certificate to the applicants who have not studied in school from 4 th Class to10 th Class | Yes | No |

Station:

Date :

**SIGNATURE OF THE APPLICANT
(Full Name)**